Linder the Peperwork Reduction Act of 1995, no persons are required to respond to a confection of information unless it displays a yeld OMB control number. Application or Docket Humber Substitute for Form PTO-875 Effective December 8, 2004 APPLICATION AS FILED - PART I Ol (Column 1) (Column 2) SMALL ENTITY OTHER THAN OR FOR SMALL ENTITY NUMBER FLED NUMBÉR EXTRA BASIC FEE RATE (1) 1) CFR 1.16(1), (b), or (c)) FEE BI NIA RATE (1) NIA SEARCH FEE NA EEE rs 150.00 (1) CFR 1 16(4, f), or (m) N/A · N/A 300.00 NA EXMINATION FEE DI CFR 1.16(4, 6), or (4) NA \$250 N/A NA **\$**500 NIA NA TOTAL CLAME \$10g P) OFR 1:16(1) NIA \$200 minus 20 (X\$ 25 HOEPENDENT CLAIMS X\$50 (37 CFR 1.16(N) OR minus 3 . e X100 If the specification and drawings exceed 100 X200 APPLICATION SIZE sheets of paper, the application size fee due FEE (3) OFR 1.16(6)) la \$250 (\$125 for small entity) for each additional 50 sheets or traction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(0) +180= +360= "If the difference in column 1 is less than zero, enter "O" in column 2. TOTAL APPLICATION AS AMENDED - PART II TOTAL (Column 1) (Column 2) (Column 3) OTHER THAN CLAIMS SMALL ENTITY OR HIGHEST NUMBER SMALL ENTITY REMAINING AMENDMENTA PRESENT. AFTER AMENOMENT RATE (1) PREVIOUSLY EXTRA ADDI-RATE (1) PAID FOR THONAL. ADÓL Total PICER LIGHT Minus FEE (4) TIONAL X\$ 25 FEE (1) Independent DI CFR LIGHT X\$50 Minus OR X100 Application Size Fee (37 CFR 1.16(s)) X200 OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.160) +180= +360= OR TOTAL TOTAL ADD'L FEE OR ADD'L FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST REMAINING NUMBER PRESENT AFTER RATE (\$) PREVIOUSLY ADDI-EXTRA AMENDMENT. RATE (1) Total er ora Ligni PAID FOR MONAL ADDI-TIONAL Minus FEE (1) FEE (1) Independent PICFR LIGAD X\$ 25 Minus OR X\$50 X100 Application Size Fee (37 CFR 1.16(s)) X200 OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.160) +180= +360= OR TOTAL. If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". TOTAL ADD'L FEE OR ADD'L FEE The Highest Number Previously Paid For IN THIS SPACE is less than 20, onter "20".

The Highest Number Previously Paid For IN THIS SPACE is less than 3, onter "3".

The Highest Number Previously Paid For (In this space is less than 3, onter "3".

Collection of Information is required by 37 CFR 1.16. The Information is required to obtain or retain a benefit by the public which is to file (and by the idition asthering, and submitting the completed application form to the ILSPTO. The will vary dependent upon the individual race. Any companies.